

LAW OFFICE OF
GARY M. COHEN
PATENTS, TRADEMARKS, COPYRIGHTS

RECEIVED
CENTRAL FAX CENTER

DEC 14 2009

STRAFFORD BUILDING NUMBER THREE
125 STRAFFORD AVENUE, SUITE 300
WAYNE, PA 19087-3318

TEL: (610) 975-4430

FAX: (610) 975-4436

(610) 687-7861

E-MAIL: GMCPLAW@AOL.COM

December 14, 2009

FACSIMILE COVER SHEET

Page 1 of 22

TO: Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	RE: Application No. 10/542,451 Filed: July 15, 2005
TELEPHONE: (571) 270-3646 Examiner: Yogesh P. Patel	FACSIMILE: (571) 273-8300

MESSAGE

The following documents are submitted with this Cover Sheet:

Reply to Office Action Mailed June 12, 2009
Reply Transmittal

CONFIDENTIALITY NOTE:

The information contained in this facsimile transmission is proprietary and confidential information intended only for receipt by the above-named party. If the reader of this message is not the intended recipient, you are hereby notified that any use, dissemination, distribution or copy of this facsimile is strictly prohibited. If you have received this facsimile in error, it is asked that you please immediately notify the sender by telephone and return the original message by mail to the above address. Thank you.

PLEASE CONFIRM THE SAFE RECEIPT OF THIS TRANSMISSION

Attorney's Reference: MICROM19.D11

In re the Application of: Hubert EUVRARD, ET AL.

Application No.: 10/542,451

Filed: July 15, 2005

For: IMPROVEMENT TO DENTAL POWER INSTRUMENTS, SUCH AS
ENDODONTIC INSTRUMENTS, AND CONTRA-ANGLE HANDPIECEMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450RECEIVED
CENTRAL FAX CENTER

DEC 14 2009

Sir:

Transmitted herewith is a Reply for the above-identified application.

[X] Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has previously been established.

[] No additional fee for claims is required.

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	ADDITIONAL FEE	ADDITIONAL FEE
TOTAL	22	MINUS	20	=	2	x 26 = \$ 52.00	x 52 = \$
INDEPENDENT	2	MINUS	3	=	0	x 110 = \$	x 220 = \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ 195 = \$	+ 390 = \$
						TOTAL = \$ 52.00	OR TOTAL = \$

[X] It is hereby petitioned for an extension of time in accordance with 37 C.F.R. §1.136(a). The appropriate fee required by 37 C.F.R. §1.17 is calculated as shown below.

Small Entity

Response filed within:

[] first - \$ 65.00

[] second - \$245.00

[X] third - \$355.00

[] fourth - \$865.00

month after time period set

Other than Small Entity

Response filed within:

[] first - \$ 130.00

[] second - \$ 490.00

[] third - \$1,110.00

[] fourth - \$1,730.00

month after time period set


[X] Please charge my Deposit Account No. 03-2405 in the amount of \$ 607.00 .

[] A check in the amount of \$ _____ is attached.

[X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-2405.

[X] Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

[X] Any patent application processing fees under 37 C.F.R. §1.17.

December 14, 2009
(date)

 GARY M. COHEN, ESQ.
 Reg. No. 28,834
 Attorney for Applicants
 Telephone: (610) 975-4430